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APPLICANTS

Andreas Huth, Berlin, GERMANY;
 Dieter seidelmann, Berlin, GERMANY;
 Karl-Heinz Thierauch, Berlin, GERMANY;
 Guido Bold, Gipf-Oberfrick, SWITZERLAND;
 Paul William Manley, Arlesheim, SWITZERLAND;
 Pascal Furet, Thann, FRANCE;
 Jeannette Marjorie Wood, Biel-Benken, CANADA;
 Jorgen Mestan, Emmendingen, GERMANY;
 Jose Bruggen, Reichen, SWITZERLAND;
 Stefano Ferrari, Muttentz, SWITZERLAND;
 Martin Kruger, Berlin, GERMANY;
 Eckhard Ottow, Berlin, GERMANY;
 Andreas Menrad, Oranienburg, GERMANY;
 Michael Schirner, Berlin, GERMANY;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

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TITLE

ANTHRANILIC ACID AMIDES AND THE USE THEREOF AS MEDICAMENTS

FILING FEE RECEIVED 1074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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